

CAMPAIGN CONTRIBUTIONS  
AND EXPENSES REPORT

City of Las Vegas/State of Nevada

Robert D. Glover LV City Council Ward 6

Name (Print) Office (if applicable) District (if applicable)

Mailing Address (include city and zip code)

Telephone No.

E-Mail Address

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRTY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING

☐ Report #1 — Due March 29, 2005

Period: Jan. 1, 2005 — Mar. 24, 2005

☐ Report #2 — Due May 31, 2005

Period: Mar. 25, 2005 — May 26, 2005

☒ Report #3 Due — July 15, 2005

Period: May 27, 2005 — June 30, 2005

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CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100

2. Total Monetary Contributions Received of \$100 or Less

This Period

Cumulative From  
Beginning of  
Report Period #1  
Through End of  
This Reporting  
Period

3. Total Amount of Monetary Contributions  
Received

(Add Lines 1 and 2)

4. Total Value of In Kind Contributions Received in  
Excess of \$100

EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of \$100

6. Total Monetary Expenses Paid of \$100 or Less

7. Total Amount of All Monetary Expenses Paid

(Add Lines 5 and 6)

8. Total Value of In Kind Expenses in Excess  
of \$100

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.


Signature

Date

## CAMPAIGN CONTRIBUTIONS

Report Period # 3Name (print) Robert D. Glover Office (if applicable) LV City Council Ward 6 District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100  
Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
			

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## CAMPAIGN EXPENSES

Report Period # 3

Name (print)

Office (if applicable)

District (if applicable)

Robert D. Glover WV City Council Ward 6

## Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

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\*\* NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

## CAMPAIGN EXPENSES

Report Period # 3

Name (print)

Robert D. Glover

Office (if applicable)

W City Council

District (if applicable)

Ward 6

## Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page)  NRS 294A:365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE

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R. D. & S. F. Glover  
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Las Vegas, NV 89149-6664

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